

CERTIFICATE OF NEED

ONLINE APPLICATION INSTRUCTIONS

October 28, 2005

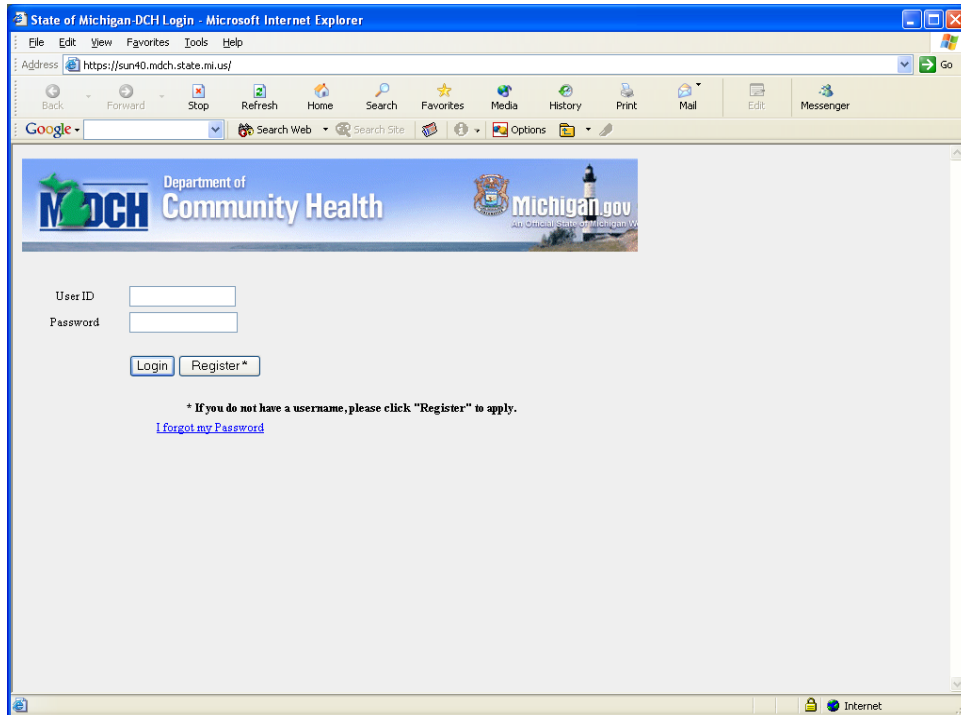
CHAPTERS

1. Single Sign-on
 - a. Registering for User ID
 - b. Subscribing to Applications (CON)
 - c. Account Maintenance
2. Letter of Intent Module
3. Application Module (Under Development)
4. Amendment Module (Under Development)

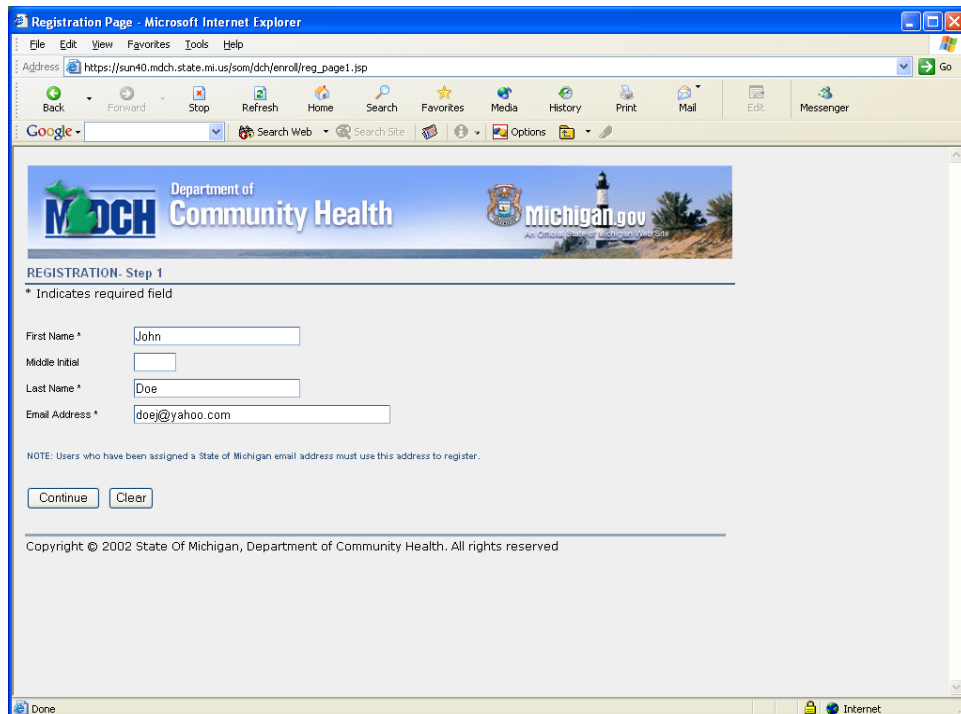
CHAPTER 1 – Single Sign-on (SSO) Instructions

A. Registering for UserID

- Open Web browser to <https://sso.state.mi.us/>. Select the Register* button from State of Michigan Portal Page. Register for a SSO UserID prior to application subscription. If already registered, skip to the **Subscription to Applications** section



- Complete the requested information (* items required) and click the Continue button. External users must create a unique User ID. The system will use the user's last name, the first initial of their first name, and the four-digit number they entered, or a four-digit number the system creates for them (i.e., doej1234). Once the required fields are completed please click on the Continue Button.



- Internet users are required to create a unique userID. They can add a four-digit number to their userID or the system can create one for them. The number presented in the blue outlined box on the bottom of the form is to protect our system from being flooded with userID requests.

Registration Page - Enter Number - Microsoft Internet Explorer

Address: <https://sun40.mdch.state.mi.us/som/dch/enroll/processREG.jsp>

MDCH Department of Community Health Michigan.gov

REGISTRATION- Step 2

Please Enter a four digit number to create a unique UserID : doej Why should I enter this number?

(OR)

Please generate a random four digit number for me : ☐ Yes ☒ No

Enter the number as it is shown in the box below * :

Back Continue Clear 86253

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- Users must type this number in the white box directly above. Users can click on the Continue button.
- The user is then presented with a confirmation page. The data entered by the new user is displayed for review before the data is submitted to the SSO system. If corrections are needed the user can select the Back button. If the information is correct, the user selects the Submit Button.

Confirmation Page - Microsoft Internet Explorer

Address: <https://sun40.mdch.state.mi.us/som/dch/enroll/processExtReg.jsp>

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USER REGISTRATION CONFIRMATION

Please review the following information. Click Submit

First Name : John

Initial :

Last Name : Doe

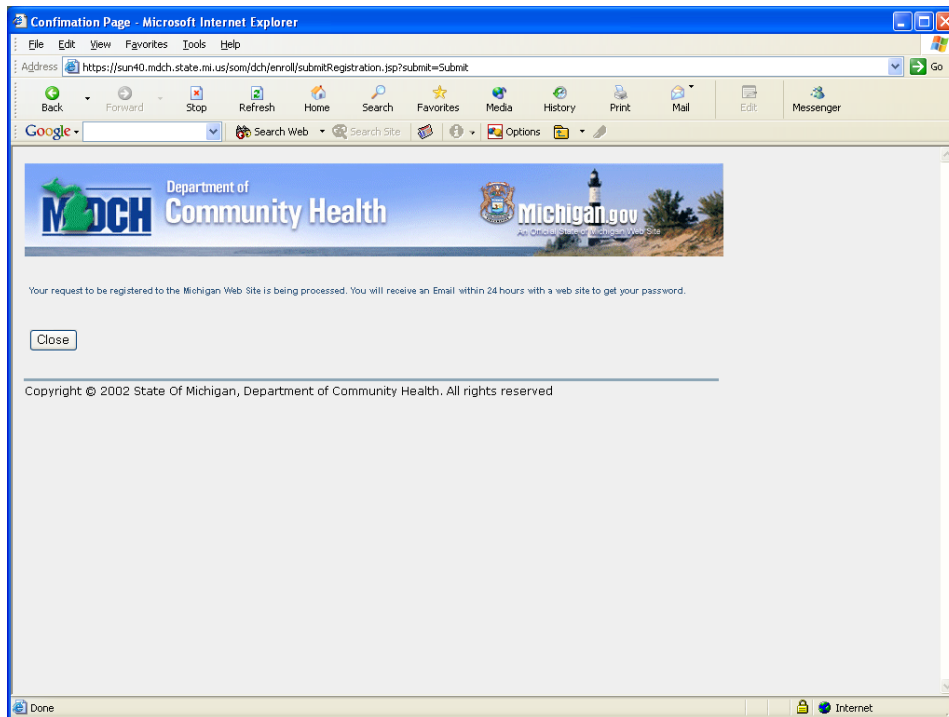
Email Address : doej@yahoo.com

Your User Id will be : doej2000

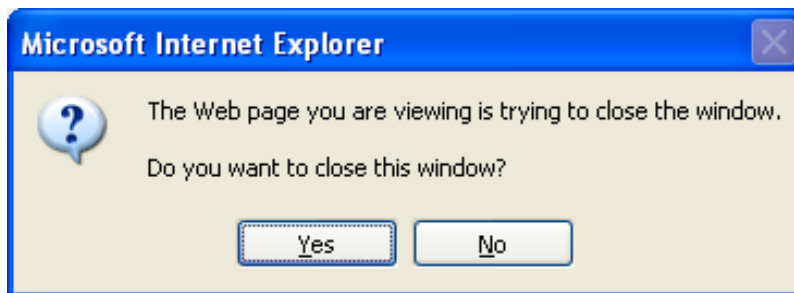
Back Submit

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- The user will be presented with a notification page that the system has accepted their registration data. Users are notified that their account has been created and presented with their temporary password via email. The length of time an e-mail notification will be received is based on multiple factors. The SSO system will create and send the email notification within minutes. Time lapse between sending and receiving the email can be affected by Internet traffic; the individual settings of various ISP email systems, and users personal settings on these various email systems.

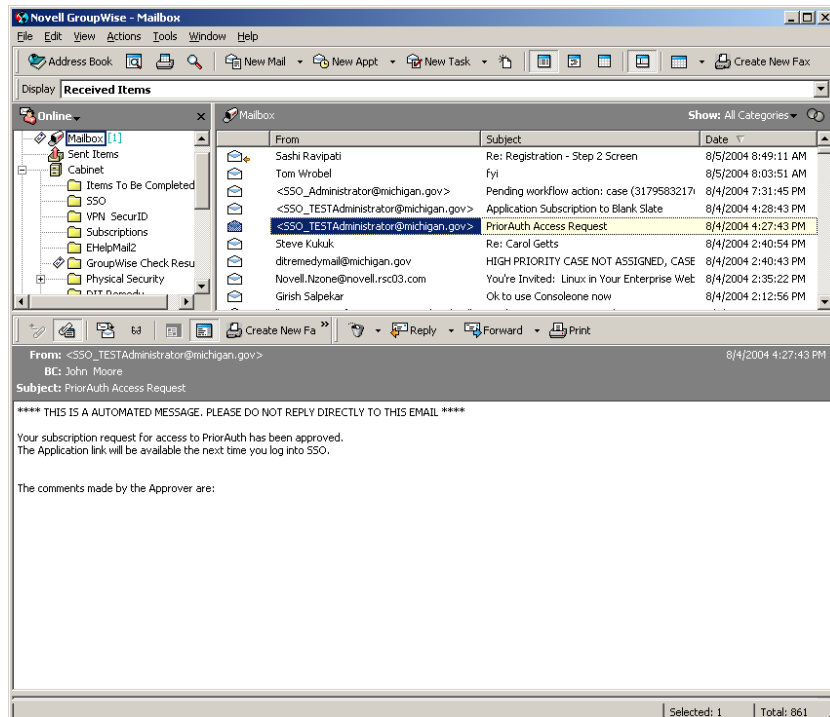


- The user clicks on the Close button and the registration is completed.
- A dialog box will ask if they wish to close this window?

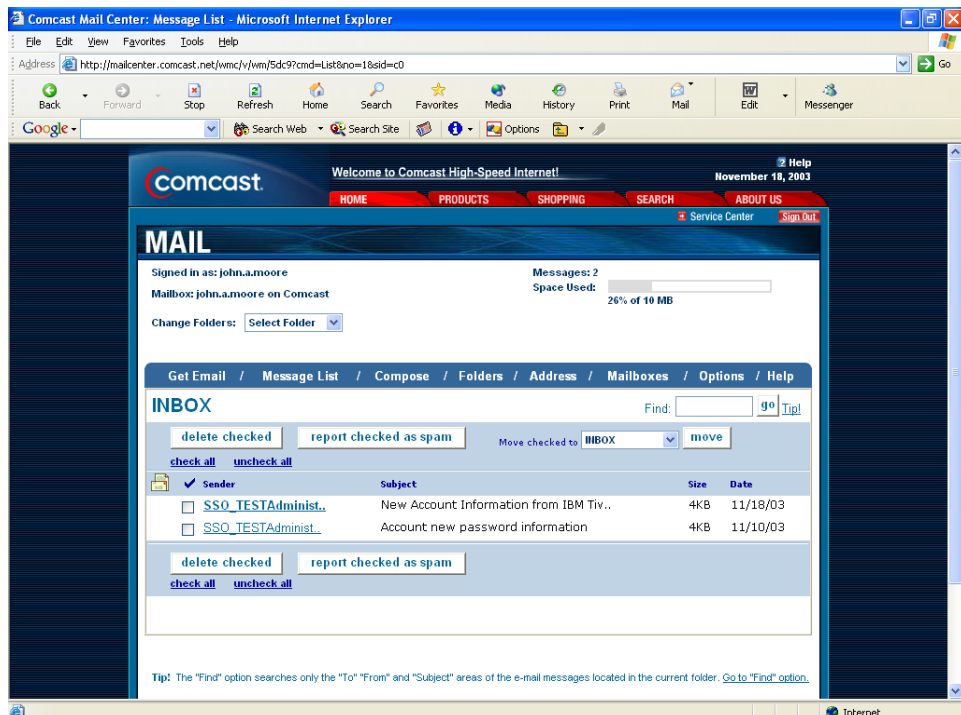


- Users can click on yes and the web browser will close. We require that users close their Internet Explorer for security reason.

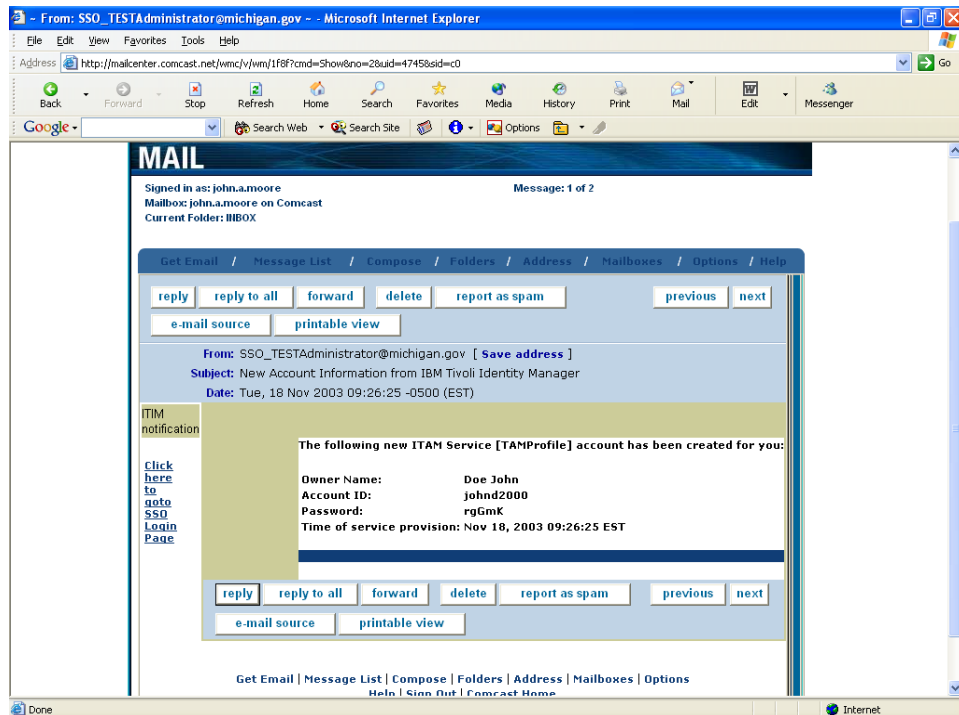
- The new user will receive an email with a link they can use to configure their new account. This email is sent to the email address the user listed when they registered.



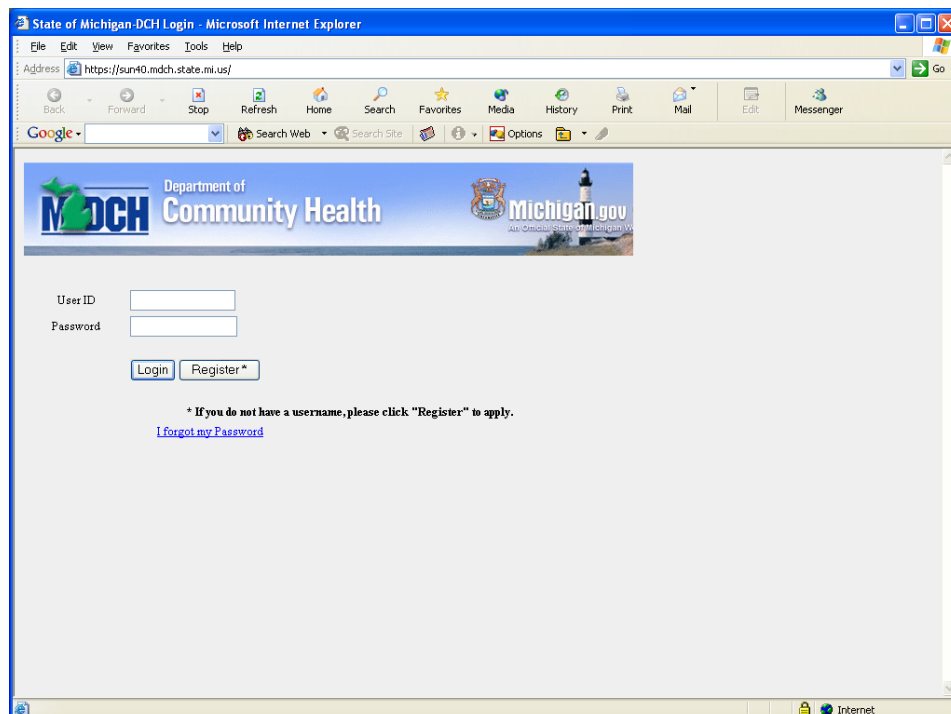
- Internet user example



- The e-mail will include a link that users can click on and it will automatically bring them to the password change page. All user accounts are created with a temporary password that can only be used once. Users should highlight their password, right click on the highlighted password, and select copy from the menu. Users can then click on the [Click here to go to SSO Login](#) Page link. From this page, users can then change their password and configure their challenge / response.



- Once a user has “clicked” on the link in their email, they will be taken to the Login page. If you are unable to click on the link, Users can enter their userID and “paste” their password. Once users click on the Login button they will be informed that their password has expired.



- Users are required to change their password. “Paste” the temporary password into the Input old password text box. Enter your new password twice. Users can then click on the Change Password button.

SSO Administration: Expired Password - Microsoft Internet Explorer

Address: <https://sun40.mich.state.mi.us/>

Department of Community Health Michigan.gov

User johnd2000's password has expired

Input old password :

Input new password :

Confirm new password :

NOTE: Passwords must be at least five(5) characters in length. Passwords are case sensitive.

- Users must then complete their challenge / response questions.
- The challenge / response are a series of four questions that users must answer. If users later forget their password, they can click on the “I Forgot my Password” link on the Login page. The user can supply two of the answers they gave to the questions and the system will e-mail them a new temporary password. Users can then log into the SSO system and reset their password. This is an example of the Password Challenge page. Actual questions and presentation will be different than currently appears.

Change Challenge/Response Answers - Microsoft Internet Explorer

Address: <https://sso.state.mi.us/som/dch-portal/ChangeChallengeResponseServlet>

Department of Community Health Michigan.gov

User ID: testu2222 [Start Off](#)

Change Challenge/Response Answers
Change your answers and click OK. You must provide an answer to each challenge.

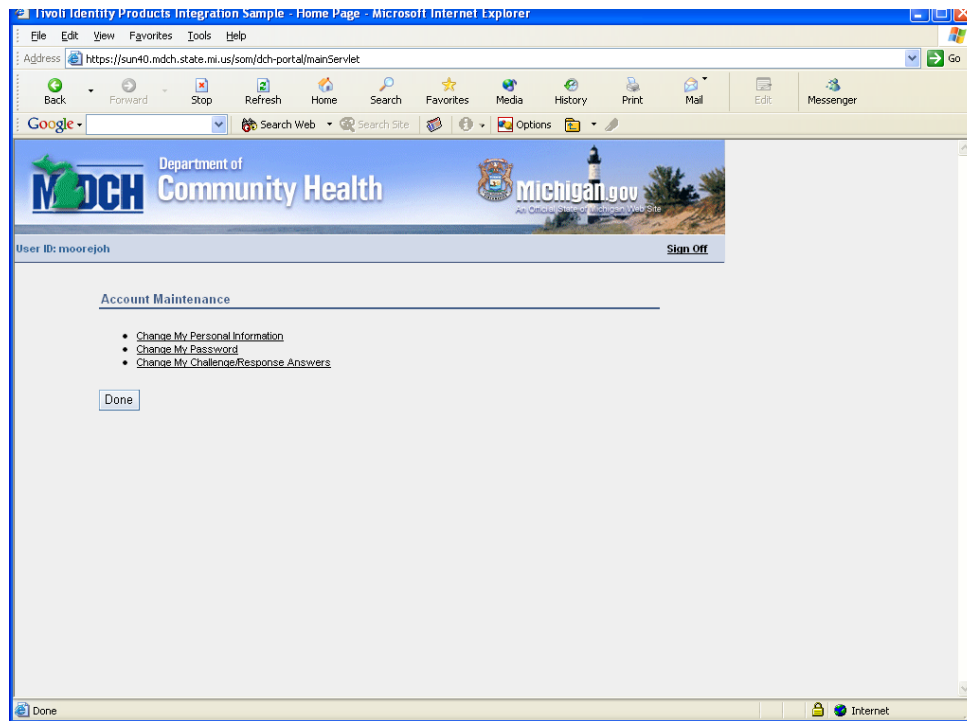
What is your mother's maiden name?
Answer: Confirm Answer:

What are the last four (4) digits of your social security number?
Answer: Confirm Answer:

What is the name of the city in which you were born?
Answer: Confirm Answer:

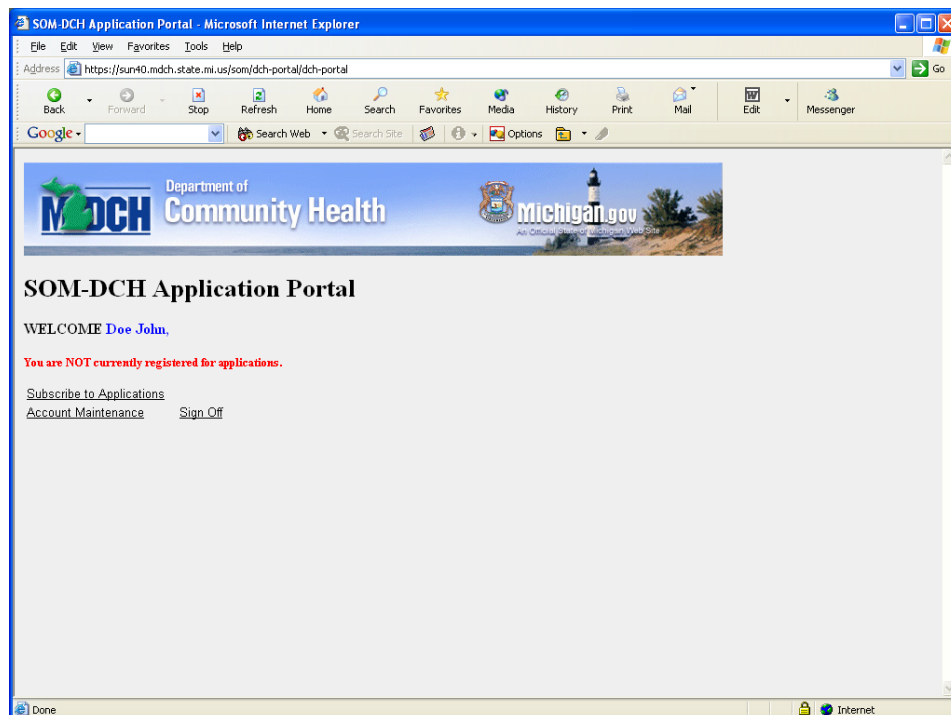
What is your father's middle name?
Answer: Confirm Answer:

- If answers and confirm answers match you will get a message that the answers have been updated. Click on the OK box. Users are taken to the Account Maintenance screen.
- Users can click on the Done button to begin the Application Subscription process.

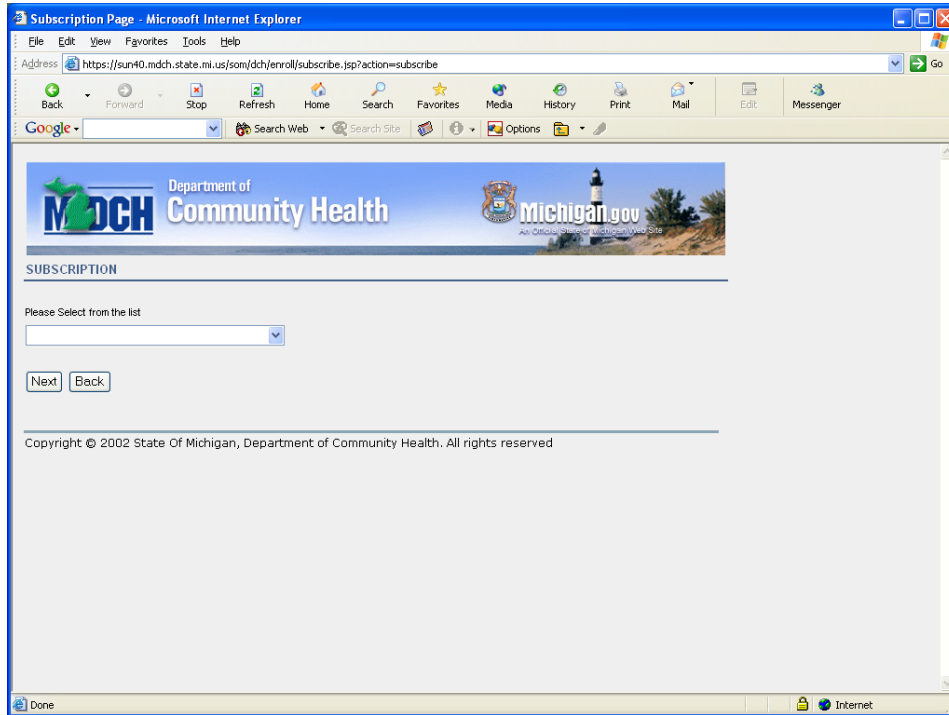


B. Subscribing to Applications

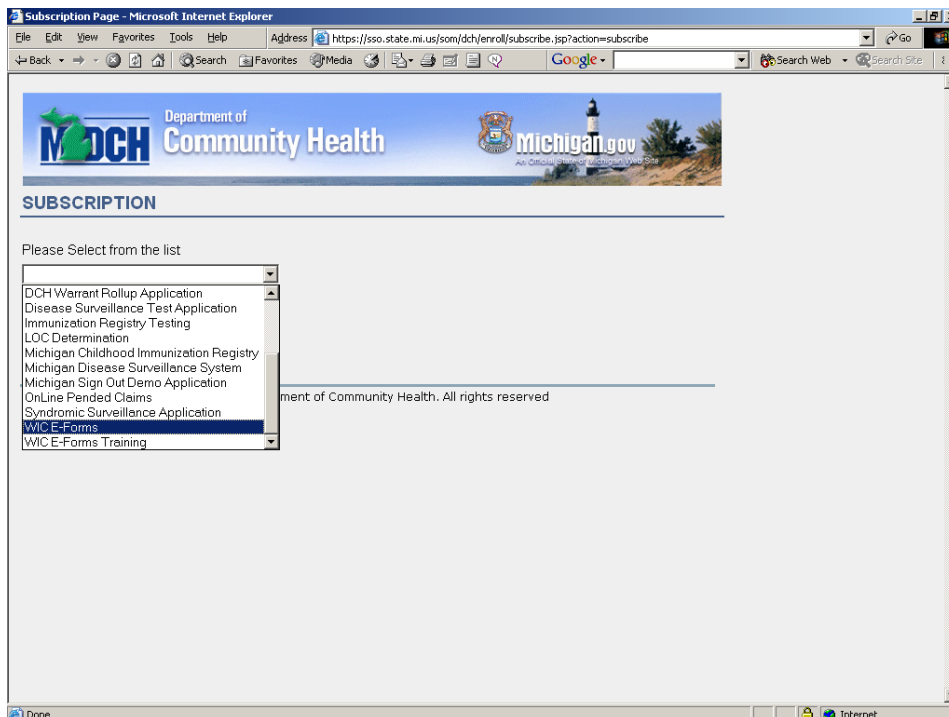
- Users will be directed to the SOM-DCH Application Portal page after they have entered a valid UserID and password. Users can select Subscribe to Applications from this page.



- Users are presented with the Subscription page. Users can click on the arrow below the text message “Please Select from the list”. This box will be populated with applications that the user can subscribe to.



- When the arrow is clicked on by the user, the list box will “open” to show the user the applications they can subscribe to. The user can click on the application name they wish to subscribe to. Select (click on) **DCH CON E-Serve**.



- The application selected will now appear in the text box. Users can click on the Next button.

- Users are presented with the DCH Blank Slate subscription page. Users add their phone number (if not already populated). There are two roles available. Select (click on) the “**Applicant**” role under “Available Roles” and click on the Add>> button.

- This will move the subscribe text to the Selected Roles test box. Please click on the Continue button.

Generic Application Page - Microsoft Internet Explorer

Address: https://sso.state.mi.us/som/dch/enroll/processSUB.jsp

Department of Community Health Michigan.gov

Subscription For: WICEF

* Indicates required field

Work Phone* 517-241-9148
(Include area code eg: 517-123-3456)

Your E-mail* john.a.moore@comcast.net

Available Roles: MailRoom_Role, Administrative

Selected Roles*: Order_Role

To Add roles, select roles from 'Available Roles' and click Add
To Remove roles, select roles from 'Selected Roles' and click Remove

Continue Reset Back

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- A confirmation screen allows users to review their information before submitting. If the data is incorrect, the users can click on the Back button and fix the data. If the data is correct, users can click on the Submit button.

Enrollment Confirmation - Microsoft Internet Explorer

Address: https://sso.state.mi.us/som/dch/enroll/validateApp.jsp

Department of Community Health Michigan.gov

User Enrollment Confirmation For: WICEF

Please review the following information. Click Submit or Back.

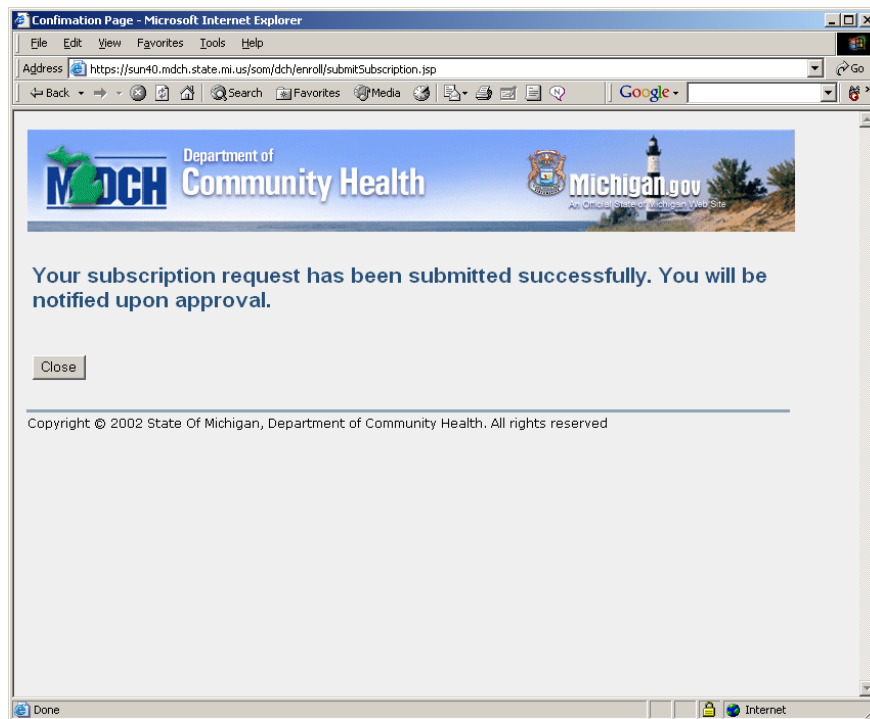
User Info

Username : moorej2004
Email Address : john.a.moore@comcast.net
Full Name : John Moore
Phone Number : 517-241-9148
Requested Roles : Order_Role
Current Roles :

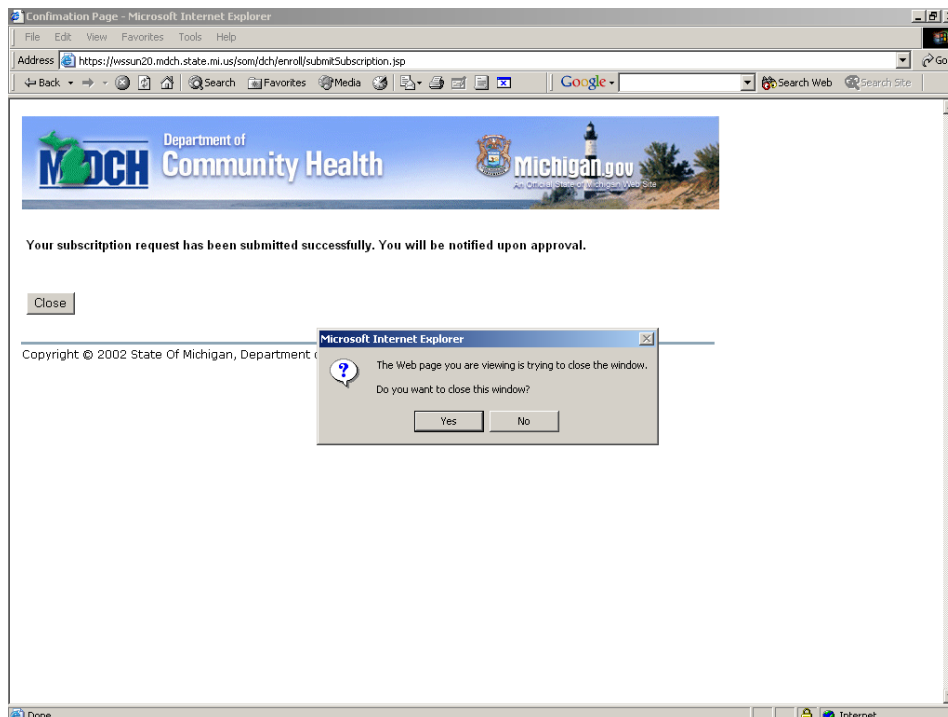
Submit Back

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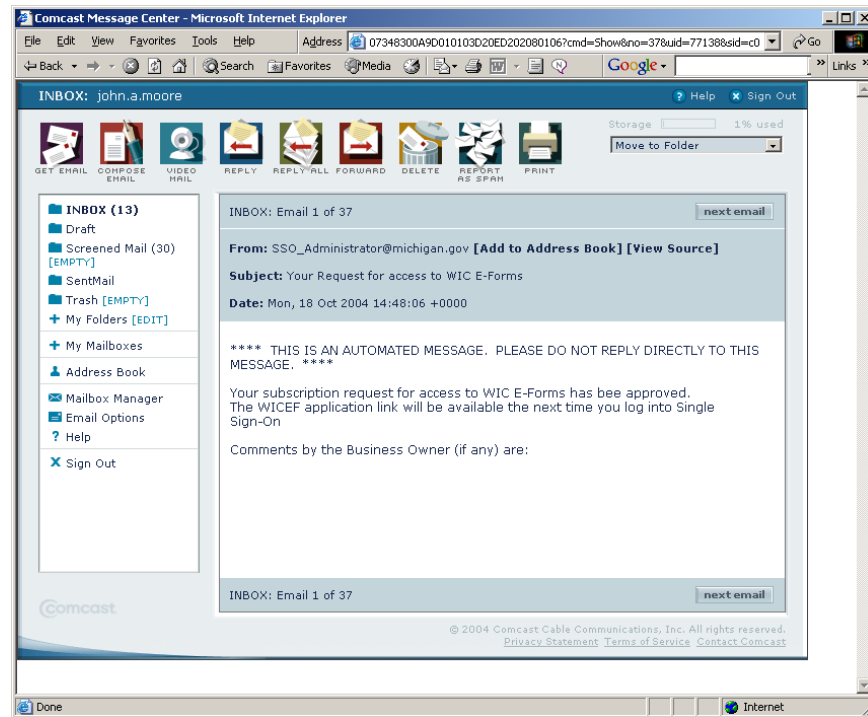
- Users will receive a conformation screen telling them that the data has been received by the SSO system and that they will be notified if their subscription request is approved (or rejected).



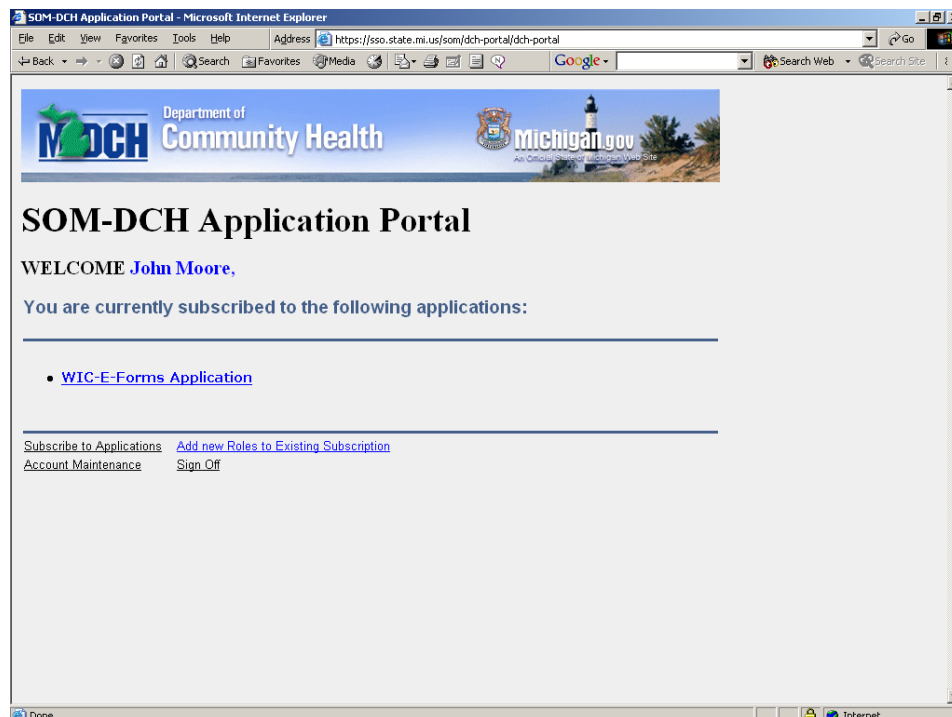
- When users click on the Close button the will receive a popup message asking, "Do you want to close this window? Users can click on Yes and the explorer window will close.



- Users will receive an email notification that their request has been approved or rejected.



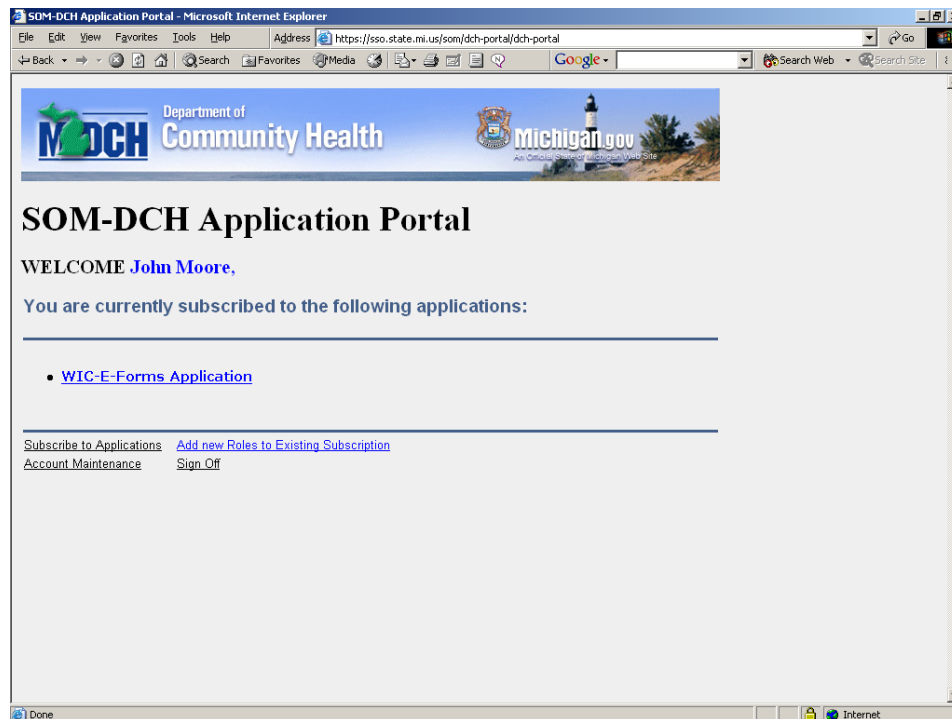
- When the user logs back into the SSO system, they will have an active link for the new application.



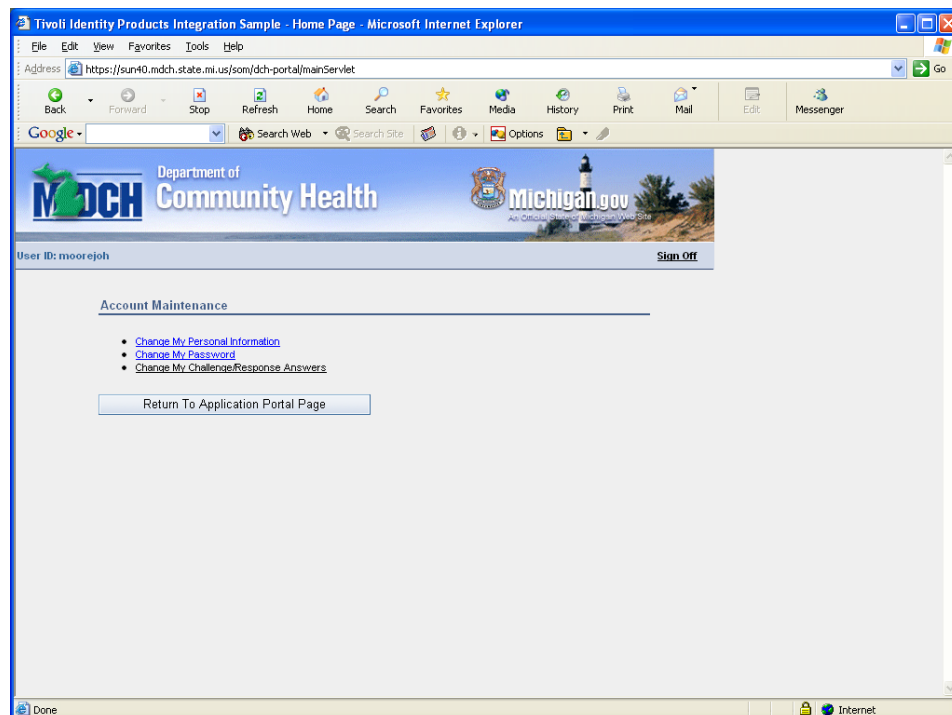
- Users can click on the link [DCH CON E-Serve](#) and the application will open.

C. Account Maintenance

- Users can choose to change some of their account information. Some Personal information can be changed, such as phone number. The user's password can be changed as well as the answers to the Challenge/response questions. To access the information users can click on [Account Maintenance](#)



- Users are taken to the Account Maintenance Screen. Users can select the type of change they will be making by clicking on the corresponding link.



- If a user clicks on [Change My Personal Information](#), they will be taken to the Change My Personal Information screen. Some personal information can be changed. Internet users can change their email address.

The screenshot shows a web browser window titled "Tivoli Identity Products Integration Sample - Change My Personal Information - Microsoft Internet Explorer". The address bar shows the URL: <https://sun40.mdch.state.mi.us/son/dch-portal/selfCareServlet>. The page features a header for the "Department of Community Health" and "Michigan.gov". Below the header, the user is logged in as "User ID: moorej2000" with a "Sign Off" link. The main content area is titled "Change My Personal Information" and includes the instruction: "Change your personal information and press OK when finished." The form contains the following fields:

- Last Name:
- First Name:
- Middle Initial:
- Email Address:
- Work Phone (123-456-7890):

At the bottom of the form are "OK" and "Cancel" buttons.

- If users select Change My Password from the Account Maintenance screen, they are taken to the Password Change Screen. They must enter their current (old) password and type the new password twice. Click on the Change Password button.

The screenshot shows a web browser window titled "SSO Administration - Microsoft Internet Explorer". The address bar shows the URL: https://sun40.mdch.state.mi.us/change_passwd.html. The page features the same header as the previous screenshot. The main content area is titled "Change Password" and includes the instruction: "Change your password and press OK when finished." The form contains the following fields:

- Input old password:
- Input new password:
- Confirm new password:

Below the form is a note: "NOTE: Passwords must be at least five(5) characters in length. Passwords are case sensitive." At the bottom of the form are "Change Password" and "Cancel" buttons.

- The last option for Account Maintenance is the Challenge/Response Answers. Users may never have to change their answers but if they feel their answers have been compromised, they may wish to change them. This feature is for users who forget their password. This feature allows users to click on the [I forgot My Password](#) link on the login page and the system will create a new password and email the user. The user can then log into the SSO system and change their password.

Change Challenge/Response Answers
Change your answers and click OK. You must provide an answer to each challenge.

What was the name of your first school?
Answer: Confirm Answer:

What is your all-time favorite sports team?
Answer: Confirm Answer:

Who was your childhood hero?
Answer: Confirm Answer:

What was the make of your first car?
Answer: Confirm Answer:

What is the name of the city you were born in?
Answer: Confirm Answer:

What is your father's middle name?
Answer: Confirm Answer:

- If users wish, they can change their challenge / response answers.

Chapter 2 - Letter of Intent Module Overview

LOI Application - Microsoft Internet Explorer

Main Menu>Add Letter of Intent>Substantive LOI>CON-149(E)

All fields marked with '*' are mandatory

[Help](#) | [Home](#)

Facility Information

Applicant Organization
Agent Information
Facility Type
Project Title
Service Changes
Bed Positions
Project Costs
Source of Funds
Facility Replace
Project Type
Project Description
Prepared By
LOI Home

LOI Information

Proposed Facility Name LOI Application ID null CON No

Section 1 - Facility Information:

Current/Proposed Facility Name: *

Telephone: * (999-999-9999 Ext. 99999)

Address: *

City: *

County: * Alcona

State: * Michigan

Zip Code: * (Last 4 digits are optional)

Federal ID Number (FIN): (99-9999999)

Save/Exit Save/Continue

Copy from existing LOI

- Enter facility information
- Fields marked with “*” are mandatory
- If user wants to copy the information from a previously submitted LOI, click on the button “Copy from Existing LOI”

LOI Application - Microsoft Internet Explorer

Main Menu>Add Letter of Intent>Substantive LOI>CON-149(E)

All fields marked with '*' are mandatory

[Help](#) | [Home](#)

Facility Information

Applicant Organization
Agent Information
Facility Type
Project Title
Service Changes
Bed Positions
Project Costs
Source of Funds
Facility Replace
Project Type
Project Description
Prepared By
LOI Home

LOI Information

Proposed Facility Name DICKINSON COUNTY MEMORIAL HOSP LOI Application ID 8564 CON No 8564

Section 1 - Facility Information:

Current/Proposed Facility Name: * DICKINSON COUNTY MEMORIAL HOSP

Telephone: * 906-774-1313 (999-999-9999 Ext. 99999)

Address: * 1721 S. STEPHENSON AVE.

City: * IRON MOUNTAIN

County: * Dickinson

State: * Michigan

Zip Code: * 49801 (Last 4 digits are optional)

Federal ID Number (FIN): (99-9999999)

Save/Exit Save/Continue

LOI Organization Information - Microsoft Internet Explorer

Main Menu>Add Letter of Intent>Substantive LOI>CON-149(E) [Help](#) [Home](#)

All fields marked with '*' are mandatory

LOI Information

Proposed Facility Name: DICKINSON COUNTY MEMORIAL HOSP LOI Application ID: 8564 CON No

Section 2 - Applicant Organization Information

Legal Name Of Applicant: * DICKINSON COUNTY MEMORIA

Telephone: * 906 774 1313 (999-999-9999)

Fax: (999-999-9999)

Address: * 1721 S. STEPHENSON AVE.

City: * IRON MOUNTAIN

State: * Michigan

Zip Code: * 49801 (Last 4 digits are optional)

Email (Administrator): (yourid@yoursite.com)

Copy from Section1

Save/Exit Save/Continue

- If applicant organization information is similar to facility information, click on the button “Copy from Section 1”

LOI Agent Information - Microsoft Internet Explorer

Main Menu>Add Letter of Intent>Substantive LOI>CON-149(E) [Help](#) [Home](#)

All fields marked with '*' are mandatory

LOI Information

Proposed Facility Name: DICKINSON COUNTY MEMORIAL HOSP LOI Application ID: 8564 CON No

Section 3 - Agent Information

First Name: * JOHN

Last Name: * SCHON

Salutation: MR

Agent's Organization: * DICKINSON COUNTY HEALTHC

Telephone: * 906 776 5500 Ext. (999-999-9999 Ext. 99999)

Fax: 906 776 5427 (999-999-9999)

Address: * 1721 S. STEPHENSON AVENUE

City: * IRON MOUNTAIN

State: * Michigan Zip Code: * 49801 (Last 4 digits are optional)

Email: * bhattacharyat@michigan.gov (yourid@yoursite.com)

Copy from Section1

Save/Exit Save/Continue

- If agent information is similar to applicant organization information, click on the button to copy

LOI Facility Type - Microsoft Internet Explorer

Main Menu>Add Letter of Intent>Substantive LOI>CON-149(E) [Help](#) [Home](#)

All fields marked with '*' are mandatory

LOI Information

Proposed Facility Name DICKINSON COUNTY MEMORIAL HOSP **LOI Application ID** 8564 **CON No**

Section 4 - Facility Type

☒ Hospital
☐ Long Term (Acute) Care Hospital
☐ Hospital Long Term Care Unit
☐ Nursing Home
☐ Freestanding Surgical Outpatient Facility
☐ Psychiatric Hospital
☐ Inpatient Psychiatric Unit
☐ Health Maintenance Organization
☐ Other: Not a Licensed Health Facility (specify)

Save/Exit Save/Continue

Done

Start [Taskbar Icons] 1:17 PM

LOI Project Title Summary - Microsoft Internet Explorer

Main Menu>Add Letter of Intent>Substantive LOI>CON-149(E) [Help](#) [Home](#)

All fields marked with '*' are mandatory

LOI Information

Proposed Facility Name DICKINSON COUNTY MEMORIAL HOSP **LOI Application ID** 8564 **CON No**

Section 5 - Project Title / Summary

Project Title *

Add 3rd fixed CT Scanner.

(Maximum characters: 300)
You have characters left.

Save/Exit Save/Continue

Done

Start [Taskbar Icons] 1:19 PM

- Enter short project title (no more than 300 characters)

LOI Service Change - Microsoft Internet Explorer

Main Menu>Add Letter of Intent>Substantive LOI>CON-149(E) [Help](#) | [Home](#)

All fields marked with '*' are mandatory

LOI Information

Proposed Facility Name: DICKINSON COUNTY MEMORIAL HOSP LOI Application ID: 8564 CON No

Section 6 - Service Change:

Type Of Change	Service	Delete
Expand	CT Scanner	<input type="checkbox"/>

[Add More Services](#) [Delete Checked](#)

[Save/Exit](#) [Save/Continue](#)

Done Internet 1:21 PM

- Click on button “Add More Services” if this project involves more than one service

LOI Beds - Microsoft Internet Explorer

Main Menu>Add Letter of Intent>Substantive LOI>CON-149(E) [Help](#) | [Home](#)

All fields marked with '*' are mandatory

LOI Information

Proposed Facility Name: DICKINSON COUNTY MEMORIAL HOSP LOI Application ID: 8564 CON No

Section 7 - Beds / Treatment Positions

Of Licensed Beds/Positions	Other	Number of Beds/Treatment Positions			Delete
		Current	Proposed	Change +/-	
Medical/Surgical Beds - Including Licensed Rehab Beds		200	200	0	<input type="checkbox"/>

[Add More Services](#) [Delete Checked](#)

[Save/Exit](#) [Save/Continue](#)

Done Internet 1:24 PM

- Enter bed information for hospital, nursing home and psych hospital only
- Click on the drop down box to select the bed category
- If more than one bed category is involved, click on the button “Add More Services”

LOI Project Costs - Microsoft Internet Explorer

Main Menu>Add Letter of Intent>Substantive LOI>CON-149(E) [Help](#) [Home](#)

All fields marked with '*' are mandatory

LOI Information

Proposed Facility Name DICKINSON COUNTY MEMORIAL HOSP LOI Application ID 8564 CON No

Section 8 - Project Costs:

Project Item	Description	Cost	Delete
Renovation & Remodeling-Clinical		200,000	<input type="checkbox"/>
Fixed Medical Equipment		800,000	<input type="checkbox"/>
TOTAL:		\$ 1,000,000	

[Add Costs](#)
[Delete Checked](#)

[Save/Exit](#)
[Save/Continue](#)

Facility Information
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 LOI Home

Done

Start | Word | Excel | PowerPoint | Internet Explorer | No... | Ap... | DC... | LO... | LO... | 1:28 PM

- Click on the drop down box to select the project cost category
- If more than one project cost category is involved, click on the button “Add Costs”

LOI Source of Funds - Microsoft Internet Explorer

Main Menu>Add Letter of Intent>Substantive LOI>CON-149(E) [Help](#) [Home](#)

All fields marked with '*' are mandatory

LOI Information

Proposed Facility Name DICKINSON COUNTY MEMORIAL HOSP LOI Application ID 8564 CON No

Section 9 - Source Of Funds

Fund Item	Other Description	Amount	Delete
Unrestricted Cash		1,000,000	<input type="checkbox"/>
TOTAL:		\$ 1,000,000	

[Add Fund](#)
[Delete Checked](#)

[Save/Exit](#)
[Save/Continue](#)

Facility Information
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Source of Funds
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 Project Description
 Prepared By
 LOI Home

Done

Start | Word | Excel | PowerPoint | Internet Explorer | No... | Ap... | DC... | LO... | LO... | 1:30 PM

- Click on the drop down box to select the source of funds category
- If more than one source of funds category is involved, click on the button “Add Fund”

Facility Replace - Microsoft Internet Explorer

Main Menu>Add Letter of Intent>Substantive LOI>CON-149(E) [Help](#) | [Home](#)

All fields marked with '*' are mandatory

LOI Information

Proposed Facility Name: DICKINSON COUNTY MEMORIAL HOSP LOI Application ID: 8564 CON No

Section 10 - Facility / Replacement:

Does the project involve the replacement / relocation of licensed beds from one licensed site to another geographic location?

☒ NO ☐ YES Distance:

Done

Start | [Icons] | [Taskbar] | 1:36 PM

LOI Project Type - Microsoft Internet Explorer

Service Changes

Bed Positions

Project Costs

Source of Funds

Facility Replace

Project Type

Project Description

Prepared By

LOI Home

Replace existing health facility

Add Beds

Replace Beds at Current Licensed Site

Initiate Covered Clinical Service

Replace/Upgrade Covered Clinical Service

Expand Covered Clinical Service

Relocate Covered Clinical Service

Acquire Covered Clinical Service

Covered Capital Expenditure

New Construction

Renovation

Add Host Site

Other

Other Project Types

Description	Delete
<input type="text"/>	<input type="checkbox"/>

Done

Start | [Icons] | [Taskbar] | 1:50 PM

- Use the button “Add Type” if there are more than one other project types

- Enter a detailed project description

- Use button “Save LOI” to save the LOI for later update/revision; this option will not submit the LOI to CON
- Use button “Save/Submit LOI” to save and submit the LOI to CON; once the LOI is submitted to CON the user cannot make any change
- If user wants to make changes to a submitted LOI, contact CON to unlock the LOI

